

Table 1 New Zealand public attitudes about smoking in pubs and bars, 1999–2003

Question	Proportion agreeing with the question or statement (%)					Data source
	1999	2000	2001	2002	2003	
1) Do you support a complete ban on smoking in NZ pubs and bars?		28	38	38	49*	UMR Research
2) Should people be able to smoke in† bars/pubs?						CM Research
Anywhere	27		28		10*	
In set areas	45		44		52**	
Not at all	25		26		34*	
3) People have a right to work in an environment free of tobacco smoke			85		91*	CM Research
4) People who work in pubs and bars‡ have a right to work in an environment free of tobacco smoke			64		80*	CM Research

* $p < 0.001$ for trend across years; ** $p < 0.01$ for trend across years.

†The question in 2003 included the additional word “hotels”; ‡the question in 2003 included the additional word “nightclubs”.

workers (question 4), only 64% gave support. This general pattern was repeated in 2003.

These survey data indicate that attitudes on smoking in bars/pubs can change significantly over two or three years. Factors that may have contributed to this change included: (1) media coverage concerning draft smoke-free environments legislation (introduced in 1999); (2) advocacy activities; (3) mass media campaigns on the hazards of SHS.

The difference between the results for questions 1 and 2 could be explained by the difference between a question that is about the proposed policy (Do you support a complete ban?) compared to one which was focused on smokers' rights (Should people be able to smoke?). The difference could also be explained by the provision of a compromise option (“in set areas”) within question 2. Differences in the survey methodologies could possibly also have contributed to the different responses between questions 1 and 2.

Questions 3 and 4 show the difference that extra context can give—when the workers' smoke-free rights were located specifically in bars/pubs, there was less support for them. A similar change was shown in a 1996 Western Australian survey for ACOSH (Australian Council on Smoking and Health), which showed that 85% “opposed smoking in the workplace”, but only 56% opposed smoking in pubs.⁸

The New Zealand experience suggests (1) that the equality of bar/pub workers' rights with other workers' rights needs to be emphasised by health advocates, (2) that including a context of the rights of those harmed by SHS in survey questions concerning attitudes to smoke-free environments will produce different results from questions without that context, and (3) that a compromise option, within questions about smoking restrictions, decreases the apparent support for completely smoke-free settings.

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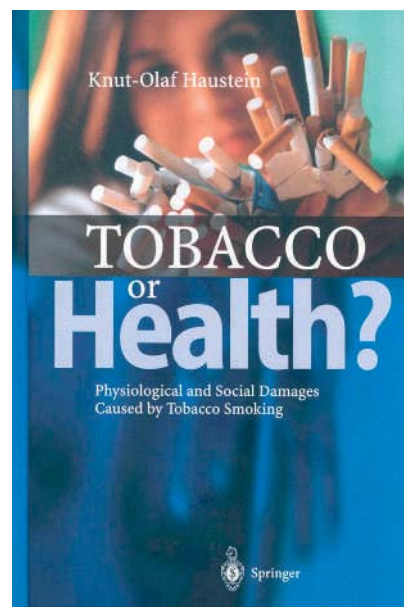
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References

- 1 Muggli M, Forster J, Hurt R, *et al.* The smoke you don't see: uncovering tobacco industry scientific strategies aimed against environmental tobacco

smoke policies. *Am J Public Health* 2001;**91**:1419–23.

- 2 Muggli M, Hurt R, Blanke D. Science for hire: a tobacco industry strategy to influence public opinion on secondhand smoke. *Nicotine Tob Res* 2003;**5**:303–14.
- 3 Wilson N, Thomson G. Still dying from second-hand smoke at work: a brief review of the evidence for smoke-free workplaces in New Zealand. *NZ Med J* 2002;**115**(1165):U240.
- 4 Anon. Smoke-free Environments Amendment Act 2003. New Zealand Government. 2003. <http://www.ndp.govt.nz/smokefreelaw.html>.
- 5 Hill D. A puff in a pub is sacrosanct even among anti-smokers. *National Business Review*. Auckland, 16 June, 2000:16.
- 6 UMR Research Ltd. *Smoking ban in restaurants, bars and pubs: Omnibus results for National Heart Foundation*. Wellington: UMR Research Ltd, April 2003:4.
- 7 NFO New Zealand. *Avahi kore/Smokefree market research report prepared for Health Sponsorship Council*. Wellington: NFO New Zealand, April 2003:58,67.
- 8 Taskforce on passive smoking. *Report of the Western Australian Taskforce on passive smoking in public places*. Perth: Western Australian Government, 1997:59.



BOOK REVIEW

Tobacco or health? Physiological and social damages caused by tobacco smoking

By K-O Haustein, Springer-Verlag, 2002, 446 pages, US \$99, ISBN: 3540440313 (translated from the German original)

Tobacco or health?

Writing a single volume on the most researched topic in biomedical history is no small undertaking. Numerous volumes on specific disease consequences of smoking have been published by medical authors from around the world. But I know of no comprehensive review that does as thorough a job as this book. In 14 central chapters, the author thoroughly reviews the literature on a wide and growing list of subjects related to tobacco use and its consequences. Though the author is clearly aiming the book at clinicians and medically literate readers, the directness of the content with plentiful figures and tables helps to keep the sections in each chapter concise.

The author clearly has a pharmacological background and the text is sponsored by Pharmacia, makers of Nicorette. Though chapters 4, 10, and 11 reflect this emphasis,

there is sufficient content in all areas with recent journal findings plentiful. A massive seventh chapter entitled “Other organ systems” is a unique mix covering everything from psychiatry to psoriasis. The book contains over 2400 references covering both tobacco's role in disease and immediate preventive challenges: providing smoking cessation, addressing secondhand smoke, and predatory tobacco industry marketing.

Appealing features are the book's thoroughness and forward research focus, with particularly strong chapters on the pharmacology of nicotine dependence and secondhand smoke. Because the book is so evidence oriented, it covers certain social aspects of tobacco control only very briefly. Summary points at the ends of each chapter are useful but often too prescriptive, providing little insight to the varied contextual factors which make the social dynamics of tobacco control issues so difficult.

Annoyance

I must admit, I even enjoyed the clear annoyance that the German author expresses in his last chapter towards European politicians, tobacco industry research funding, subsidisation of tobacco growing, tobacco constituent regulations, tobacco taxing policies, lack of tobacco advertising regulations, and the tobacco industry's misinformation campaigns on the consequences of smoking.

Others may find these comments too subjective. Nonetheless, the author does make his point; there is a lot of awakening necessary to speed the present slow pace of tobacco control measures in Europe.

Overall, I rate this book not only a useful introduction to various medical research findings, but an important challenge to physicians to address tobacco as a drug product. Thus far, research and the use and abuse of tobacco have been largely controlled

by the tobacco industry. This is reminiscent of the early days of limited "patent" drug regulation in the USA by the Food and Drug Administration. While withholding biomedical findings from the public is one aspect of the fraud of the tobacco industry, product manipulation and misrepresentation alone would seem to warrant stronger regulation given the resulting toll documented here. This book makes it clear that the science of tobacco as a drug can no longer be

left to the industry and stresses many emerging issues that scientists and physicians must soon address. The message is that health is the social option the world should no longer forgo and, as the evidence suggests, must act upon now.

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